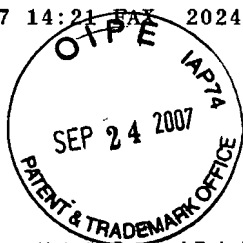
**FAX TRANSMISSION****DATE:** September 24, 2007**PTO IDENTIFIER:** Application Number 10/643,148-Conf. #3546
Patent Number**Inventor:** Yukitoshi Sanada**MESSAGE TO:** Office of Patent Publication**FAX NUMBER:** (571) 273-2885**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
William L. Brooks**PHONE:** (202) 478-7370**Attorney Dkt. #:** 80255(302741)**PAGES (Including Cover Sheet):** 7**CONTENTS:** Certificate of Transmission (1 page)
Transmittal Form (1 page)
Fee Transmittal (1 page)
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Attorney Docket No.: 80255(302741)

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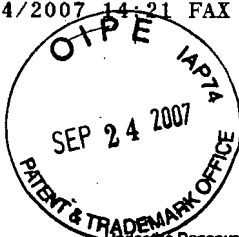
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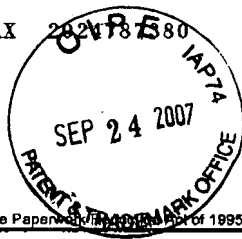
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/643,148-Conf. #3546
	Filing Date	August 19, 2003
	First Named Inventor	Yukitoshi Sanada
	Art Unit	2811
	Examiner Name	A. Ettehadieh
	Attorney Docket Number	80255(302741)
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Part B - Fee(s) Transmittal Change of Correspondence Address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	William L. Brooks		
Date	September 24, 2007	Reg. No.	34,129



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/643,148-Conf. #3546 Filing Date August 19, 2003 First Named Inventor Yukitoshi Sanada Examiner Name A. Ettehadih Art Unit 2611 Attorney Docket No. 80255(302741)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity		Small Entity		Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____	Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,400.00
1504 Publication fee for early, voluntary, or normal ...	300.00
	Fees Paid (\$)

SUBMITTED BY			
Signature	<i>William L. Brooks</i>	Registration No. (Attorney/Agent)	34,129
Name (Print/Type)	William L. Brooks	Telephone	(202) 478-7370
		Date	September 24, 2007

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Dated: September 24, 2007

 Signature: *Rebecca L. Brimmer* (Rebecca L. Brimmer)